



SEAS Bergen Chapter

PO Box 573 Fair Lawn, NJ 07410-0573

SailSEAS@Verizon.net (862) 926 - 0124

BASIC SAILING COURSE – REGISTRATION

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

e-Mail: _____@_____

Day Phone: _____ Eve / Mobile Phone: _____

I wish to attend the MAY MAY(2) JUNE JULY class (circle one)

I learned about this class: _____

Declaration of Health: I acknowledge that I have voluntarily applied for a course of instruction in Basic Sailing from the Bergen Chapter of SEAS. I understand that the class requires vigorous physical activity in swimming, moving boats, rigging, unrigging and actual sailing. I declare that I am in good physical condition and have no condition either physical or mental, which could impair my performance in the class or could be aggravated by my participation in class.

RELEASE: I, being over 18 years old and voluntarily participating in sailing activities and/or courses, realize and accept that this sport has some inherent potential dangers and do hereby release and hold harmless the Society for the Education of American Sailors, Inc., its parent, sister corporations, and subsidiaries and each of its members, instructors, aides or any individual, corporation, or government agency whose facilities or equipment are used in the conduct of SEAS activities, from liability to me, my heirs, and assigns, or any injury or damage caused by any action or omission including negligence on the part of the aforementioned.

Student Signature

Dated

Print this form, complete it and mail with check for \$250 payable to **SEAS - Bergen Chapter**. Please email an instructor your questions, or to check availability within 10 days of class start date to SAILSEAS@VERIZON.NET.